



**Iowa Wellness Plan Quarterly Report  
1115 Demonstration Waiver  
October 1, 2014 – December 31, 2014**

**January 30, 2014**

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## **I. EXECUTIVE SUMMARY**

In December 2013, CMS approved the Iowa Health and Wellness Plan (IHAWP) as the state's approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs. Individuals are eligible for a program based on standing relative to the Federal Poverty Level (FPL):

1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).
2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan employs premium assistance to purchase qualified health plans (QHP) from the Healthcare Marketplace established under the ACA. The current QHPs are Coventry Health Plan (Coventry) and CoOpportunity Health (CoOpportunity).

The IME continued to work closely with CMS for technical assistance and guidance on meeting requirements of the Special Terms and Conditions (STCs) for both plans. Despite ongoing challenges with administering a new program, the state accomplished several key activities in the fourth quarter of operation including:

- Amendments to the IWP and MPC demonstrations, effective December 30, 2014;
- Progress on statewide implementation of the Department of Corrections enrollment process for offenders;
- IHAWP administrative rule modifications;
- Finalization of the IHAWP premium payment system to allow premium processing beginning 2015;
- Enhancements to monitoring access and NCQA standards; and
- Outreach to members and other community stakeholders to assist with IHAWP program awareness and education.

Following this letter is a detailed report of key activities and statistics for the fourth quarter of the program's operation consistent with the STCs. Do not hesitate to contact me at 515-256-4644 or [jlovela@dhs.state.ia.us](mailto:jlovela@dhs.state.ia.us), or Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us) should you have any questions about this report or any other aspects of the new programs.

Sincerely,

Julie Lovelady  
Interim Director  
Iowa Medicaid Enterprise

## **II. SIGNIFICANT ACTIVITIES OF THE QUARTER**

### **1. Transition and Implementation Activities**

#### **A. Transition Activities**

In the fall 2013, the Iowa Medicaid Enterprise (IME) implemented the Department of Human Services (DHS) Contact Center to support the IHAWP enrollment and related ACA implementation inquiries. During fourth quarter, the center continued to respond to questions from state staff, such as field workers, and provided external customer support including enrollment applications and inquiries related to new and existing programs. The Contact Center experienced an increase in customer calls due to a high volume of questions about the Health Insurance Marketplace open enrollment period and Iowa Health and Wellness Plan renewals.

The Contact Center also experienced an increase in calls from certified Iowa Medicaid providers for assistance with the Medicaid Presumptive Eligibility Portal (MPEP). MPEP support includes technical assistance with processing presumptive applications and assistance with policy questions.

#### **B. Member Engagement**

Members continue to receive educational information about the Iowa Health and Wellness Plan through their initial welcome and enrollment packets. The packets contain information on the program, and information on available primary care providers, or health plans based on the program for which the member is eligible. Additional information on the Healthy Behaviors program has been created and placed in the enrollment packets.

Throughout the fourth quarter of 2014, members received several customized mailings regarding Healthy Behaviors. In October 2014, all members who will be asked to make a contribution payment received mailings promoting healthy behaviors. The mailing was customized based on which activities the member had or had not completed with language strongly encouraging the member to complete remaining activities. An additional customized mailing was sent in December, also promoting the program and activities.

In the last quarter of the year, members were also encouraged to renew their Medicaid coverage. Iowa Medicaid collaborated with enrollment assisters throughout the state to promote timely renewals. A member fact sheet was created, as well as an enrollment assister fact sheet to better explain the process and its importance. See links to access this information below.

Member Renewal Fact Sheet:

<http://dhs.iowa.gov/sites/default/files/MedicaidRenewalMemberFactSheet.pdf>

Enrollment Assister Fact Sheet:

[http://dhs.iowa.gov/sites/default/files/MedicaidRenewalFactSheet\\_EnrollmentAssisters.pdf](http://dhs.iowa.gov/sites/default/files/MedicaidRenewalFactSheet_EnrollmentAssisters.pdf)

## **C. Provider Engagement**

- The IME Provider Services Outreach Team continues to communicate information about the IWP to Iowa providers specifically targeting primary care providers to address patient needs. During fourth quarter, the number of participating primary care providers, or patient managers, increased from 1,530 to 1,532. Potential patient managers enroll by completing the Iowa Wellness Plan Patient Manager Agreement, available as a fillable PDF document electronically submitted to expedite enrollment.

Throughout the fourth quarter, many community partners and provider associations requested informational meetings, panels, and presentations about the Iowa Health and Wellness Plan. Provider Services Outreach met with the following associations:

- Iowa Medical Society
  - Primary Care Association
  - Iowa Medical Group Management Association
  - Healthcare Financial Management Association
- The IME seeks to incent providers and Accountable Care Organizations (ACO) that support organized delivery system reform through the state's Medical Home Bonus Program. The Value Index Score (VIS) Medical Home Bonus and the Wellness Exam bonus are voluntary programs that support providers aimed at developing core medical home processes.

The first Value Index Score (VIS) incentive payment to Iowa Wellness Plan Patient Managers was distributed on December 12, 2014. The IME paid just over \$84,000 to 198 participating Wellness Patient Managers, averaging a 42 percent award rate. When comparing (ACO) providers to non-ACO providers, ACO providers participating in the program were 5 percent more likely to earn a VIS bonus. See the link below for more information about the Medical Home Bonus Program.

<http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ACO-VIS>

## **2. Stakeholder Concerns**

During the fourth quarter of 2014, minimal concerns were received from stakeholders. After almost a year of program implementation, stakeholders are focusing on minor concerns, and becoming familiar with program guidelines and policies.

Several providers have expressed concerns over the criteria of the wellness exam component of the Healthy Behaviors Program. Providers requested consideration to include a full set of codes in the definition of the exam. The IME responded to providers' feedback and made appropriate policy modifications to address their concerns.

Additionally, some stakeholders expressed concerns about the member coverage renewal process and assurance that members understood their responsibility to renew Medicaid coverage on an annual basis. The IME conducted extensive

stakeholder, provider, and community advocate outreach to ensure entities that support members understood the process. Iowa Medicaid also created tips and a fact sheet for members to help them understand the renewal process and necessary steps to continue coverage.

### **3. Significant Events**

- On October 17, 2014, the DHS announced that CoOpportunity would be withdrawing from the IHAWP as of November 30, 2014. The state arranged for CoOpportunity's 9,700 members to have a choice of receiving coverage through the remaining QHP, Coventry, or the IWP. Public notice was given and both ABP State Plan Amendments were amended. The state worked closely with CMS on this process to ensure members continued to have access to care. For more information on this change, see Attachments 1 and 2.
- On December 16, 2014, the U.S. Department of Health and Human Services (HHS) announced that Iowa was one of eleven recipients of the State Innovation Model Testing grant. Iowa was awarded \$43.1 million over a four year period. Iowa's plan for health system transformation builds upon the ACO model that currently covers the Iowa Wellness Plan population. Learn more by reading the [official announcement from HHS](#) and by accessing [details on Iowa's award](#).

### **4. Legislative Developments**

The Iowa Health and Wellness plan administrative rules package continued to move through the formal adoption process during the fourth quarter. The administrative rules were published in the Iowa Administrative Bulletin and Code and received final review by the Administrative Rules Review Committee. The changes have an effective date of January 1, 2015 and can be reviewed at:

<https://www.legis.iowa.gov/law/administrativeRules/rules?agency=441&chapter=74&pubDate=01-07-2015>

## **III. ELIGIBILITY/ENROLLMENT**

### **1. Quarterly Enrollment**

Over the fourth quarter, the overall IHAWP population increased by 5 percent for an ending total of 121,257. The IWP component increased over the quarter by 3 percent with an ending total of 90,424.

When members are determined eligible for the IWP coverage group, they initially receive services in the fee-for-service plan (FFS), and later have an opportunity to choose a primary care case manager or provider under the HMO (if available in that county). As of December 29, 12,705 persons were enrolled with the HMO and 45,635 were enrolled with a PCCM. The remaining enrollees were in the process of selecting a provider or reside in a county without PCCM or HMO availability. As of fourth quarter, 87 of Iowa's 99 counties have managed care access in the IWP. IWP enrollment totals by county for December 2014 can be found at:

[http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps\\_December2014.pdf](http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps_December2014.pdf)

Additional enrollment information by demographic components will be provided in future quarterly reports when available.

Monthly enrollment totals for the IHAWP are shown below.

Plan/Coverage Group	October	November	December
Marketplace Choice	27,347	28,468	29,979
Wellness	88,139	88,406	90,424
Presumptive IHAWP*	826	804	854
Total	116,312	117,678	121,257

\*Presumptive IHAWP – Members are defaulted to the Wellness Plan until plan/provider assignments are established.

## 2. Targeted Populations

The state identifies specific population groups enrolled in the IHAWP to ensure their health care needs are met in accordance with the STCs. These groups consist of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the medically exempt (frail). At the end of fourth quarter, the total population for these groups was 15,192. Below are IWP enrollment totals for the targeted populations.

Population Group	October	November	December
19-20 Year-old	4,998	4,781	4,372
American Indian/Alaskan Native	1,106	1,102	1,044
Medically Exempt	10,231	10,309	9,776
Total	16,335	16,192	15,192

### A. Nineteen/Twenty Year-olds

The IME conducts outreach to members and providers to ensure they are aware that all EPSDT services are covered for members under age 21. This is done under a contract with the Iowa Department of Public Health (IDPH), as with other Medicaid groups. All members in the IHAWP receive information about coverage for EPSDT services in their enrollment packets. At the end of December 2014, members in this age group totaled 4,372.

### B. American Indian/Alaskan Natives

Individuals identified as American Indian/Alaskan Natives (AI/AN) and meet eligibility for the IWP totaled 1,044 at the end of December 2014.

### **C. Medically Exempt**

Medically exempt (frail) individuals as defined by 42 CFR 440.315, represented 9,776 members in the IWP at the end of December 2014. Exempt members will be enrolled in the Medicaid state plan and have the option to change coverage to the Alternative Benefit Plan known as the IWP. As of December 26, 2014, no members identified as medically exempt elected to enroll in the IWP. The state's methodologies for identifying these individuals are described below.

#### **▪ Self-attestation**

Members who enroll through the regular application process will receive a survey to self-attest their medical conditions/status if they provided affirmative answers to either of two questions on the single-streamlined application regarding: (1) receipt of Social Security income (2) and/or having a physical, mental, or emotional health condition that causes limitations in activities of daily living.

A notice accompanies the survey explaining completion of the survey is voluntary and that a member's benefit plan may change as a result of their survey responses. The resulting survey score is based on a weighted algorithm that determines whether the member meets the criteria of an exempt individual. Members will remain in their assigned plan (IWP or MPC) if the completed survey is not returned. The IME's Member Services Unit is available to assist members with any questions about the medically exempt process.

#### **▪ Provider Referrals**

The IME has also created a referral form to be used by providers or other entities that have a relationship with the member. The form is comprised of questions designed to assist with the process of medically exempt determinations. Completed forms are returned to the IME for review to determine if the member qualifies for medically exempt status.

### **IV. ACCESS/DELIVERY**

Provider access under the IWP follows similar standards that have proven to be effective for the state's Medicaid managed care population. This will ensure the infrastructure for the IWP is adequate for timely access to care for members. The state's access to care is based on the following standards.

#### **1. Access to Care Standards**

The state will ensure that ninety-five percent of IWP members will reside in counties that meet the following timely access standards.

- Medical service delivery sites are located within 30 miles of enrolled recipients.
- Patients with urgent symptoms shall be seen within one day of contacting their primary care provider.



- Patients with persistent symptoms shall be seen within 48 hours of reporting of the onset of the symptoms.
- Patient routine visits shall be scheduled within four to six weeks of the date of the patient request the appointment.
- The provider shall provide or arrange for 24-hour, 7-day provider availability to enrolled recipients.

## **2. NCQA Element 1B Standards**

The state will ensure that 90 percent of IHAWP members either 1) live in a county that has at least 1 provider that has an NCQA Element 1B score of at least 50 percent or 2) live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent. NCQA Element 1B standards are as follows:

- Providing access to routine and urgent-care appointments outside regular business hours
- Providing continuity of medical record information for care and advice when office is not open
- Providing timely clinical advice by telephone when the office is not open (critical factor)
- Providing timely clinical advice using a secure, interactive electronic system when the office is not open
- Documenting after hours clinical advice in patient records

## **3. Monitoring Access and NCQA Standards**

Each quarter the state will conduct a provider survey to monitor access standards stated above in sections 2 and 3. The IME consulted with the University of Iowa Public Policy Center (PPC) to develop a survey methodology that captures responses from rural, urban, and near-urban providers. The PPC methodology categorizes Iowa's 99 counties into four groups and applies a weighted scale to each group based on the population size. This will ensure the survey accurately reflects the ratio of providers to which members have access. Fourth quarter provider survey results revealed the state met both access and NCQA standards. See Attachment 3 for more information on survey results.

## **4. Provider Network**

See Attachment 4 for maps that show provider access by county for the IHAWP population.

# **V. COMPLAINTS/GRIEVANCES/APPEALS**

## **1. Complaints/Grievances**

IHAWP members have access to IME's Member Services Call Center to express their questions or concerns about the program. During fourth quarter, the IME received a low number of complaints with the majority consisting of basic questions about IWP benefits. Call Center staff were able to resolve all issues with members during the calls. A summary of these complaints is provided below.

Complaint Type	October	November	December
Benefits and Services	8	4	25
Access	0	3	4
Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	2	0	0
Premiums and Cost Sharing	0	0	0
Healthy Behaviors	0	0	2
Non-emergency Medical Transportation	0	0	0
EPSDT Services	0	0	0

## 2. Appeals/Exceptions

During fourth quarter a total of 16 exceptions to Medicaid policy were requested by IWP members. Six requests were approved and 5 were withdrawn by the IME as unnecessary and resulted in paid services. The remaining 5 exceptions involved non-covered services and were denied for consideration of payment.

## VI. Budget Neutrality/Fiscal Issues

During third quarter, the state did not encounter any financial issues related to the IWP. See Attachment 5 for the actual number of member months for the IHAWP as of December 31, 2014.

## VII. Future Planning

### 1. Dental Wellness Plan Implementation

On May 1, 2014, the state, in conjunction with Delta Dental of Iowa, implemented the Delta Wellness Plan (DWP) to provide dental coverage for IHAWP members under a prepaid ambulatory health plan structure. See Attachment 6 for a status report of the DWP as of December 18, 2014.

### 2. Healthy Behaviors Program

During fourth quarter, the state worked on finalizing Healthy Behaviors Incentives Standards and Premium Monitoring Protocols in year 2 or subsequent years in accordance with the STCs. In the third quarter, the state released an RFP to secure a contractor for assistance with implementation of the healthy behaviors rewards program. However in December 2014, the state requested to CMS to postpone the implementation of the rewards component to allow additional time for research and development. Subsequently, the state proposed amendments to the IWP and the MPC demonstrations that provided time for additional research during calendar year 2015. The state is required to submit to CMS an additional Protocols document with

the developed program design. On December 30, 2014, CMS approved these amendments and released revised STCs that can be accessed at: [http://dhs.iowa.gov/sites/default/files/WellnessAmendment\\_CMSApprovedSTCs\\_123014.pdf](http://dhs.iowa.gov/sites/default/files/WellnessAmendment_CMSApprovedSTCs_123014.pdf)

### **3. Non-Emergency Medical Transportation**

The STCs of the original IWP and MPC demonstrations required non-emergency medical transportation to sunset on December 31, 2014, with an extension possible based on an evaluation of the impact on access to care. During fourth quarter the state requested an amendment to this requirement because adequate data were not available to conduct a full evaluation within the allowed time period. On December 30, 2014, CMS approved the state's proposed amendment to extend the NEMT waiver through July 31, 2015, and allow the state additional time to present further data by May 31, 2015. The revised STCs were part of an approval package that included changes to the healthy behaviors component.

### **4. Evaluation Design**

During fourth quarter, the state and PPC received further guidance from CMS on the Healthy Behaviors Evaluation Design addendum to assist with finalization of the first draft, which is due January 31, 2015. CMS approved a deferment of the full healthy behaviors plan development to align with the extension for the implementation of the healthy rewards component. The first draft will focus on the impact of premiums on access as well as the impacts of the annual exams and clinical risk assessments.

### **5. Department of Corrections Enrollment Process**

The DHS has partnered with the Department of Corrections (DOC) to streamline the enrollment process for offenders who transition from prison to the community. The new process is being piloted in several of the state correctional facilities to ensure that an offender eligible for Medicaid benefits has access to coverage at the time of their release. This initiative aims to connect offenders to necessary health care, including mental health services to assist with reducing the recidivism rate. To date, the pilot process has been successful for many offenders.

In the fourth quarter of 2014, extensive enrollment training was conducted with the DOC to prepare their staff to effectively assist offenders in the enrollment process. One additional facility was added to the pilot, this brings the total to 10 participating facilities; 3 facilities are slated to be added in early 2015. Several hundred offenders were enrolled in Medicaid coverage upon release and approximately 33 percent of these enrollees were determined to be medically exempt.

## **VIII. Additional Information**

Please contact Deanna Jones at 515-256-4652 or [djones1@dhs.state.ia.us](mailto:djones1@dhs.state.ia.us), if there are any other materials or suggestions CMS would like to see for IWP related activities during fourth quarter 2014 or future quarterly reports.

## **Attachments**

1. Public Notice – CoOpportunity Withdrawal from MPC
2. Press Release - CoOpportunity Withdrawal from MPC
3. IWP Provider Survey Results
4. IHAWP Network Access Maps as of 12/1/14
5. Financial Reporting - IHAWP Member Months
6. Dental Wellness Plan Status Report